



INSTRUCTIONS: Return to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
 TITLE I AND SCHOOL SUPPORT TEAM
 ATTN: DANIEL BOMBERG
 PO BOX 7841
 MADISON, WI 53707-7841**

For questions regarding this grant, contact:

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 Title I and School Support
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I. GENERAL INFORMATION			
Name of Institution	Mailing Address <i>Street, City, State, ZIP</i>		
Contact Person	Title		
E-Mail Address	Phone <i>Area/No.</i>		
Program Coordinator <i>If other than contact person</i>	Title		
E-Mail Address	Phone <i>Area/No.</i>		
Program Coordinator's Mailing Address <i>Street, City, State, ZIP</i>			

II. a. PLAN – REVIEW AND ANALYSIS

Gather the necessary data to inform the evaluation of the program. In the space below, provide an analysis of the data including a disaggregation on participation by gender, race, ethnicity, and age.

Conduct a needs assessment identifying successes and areas of growth. How has the Title I-D Program impacted the ability of participants to:

a) Maintain and improve educational achievement and to graduate from high school;

b) Accrue school credits that meet state requirements for grade promotion and high school graduation;

c) Make the transition to a regular program or other education program operated by a local education agency;

d) Complete high school (or high school equivalency requirements) and obtain employment after leaving the correctional facility or institution;

e) As appropriate, participate in postsecondary education and job training programs?

Where does the data show success? What does the data show is working well?

Where does the data show a need for improvement?

What is the root cause of the needs?

II. b. PLAN – ADDRESSING NEEDS

Describe how the identified root cause will be addressed.

What evidence-based improvement strategy can the state agency (SA) or program implement to address the root cause?

Define what you will measure to ensure the program is succeeding.

Define the goals of the Title I-D program as you begin to implement your new plan.
